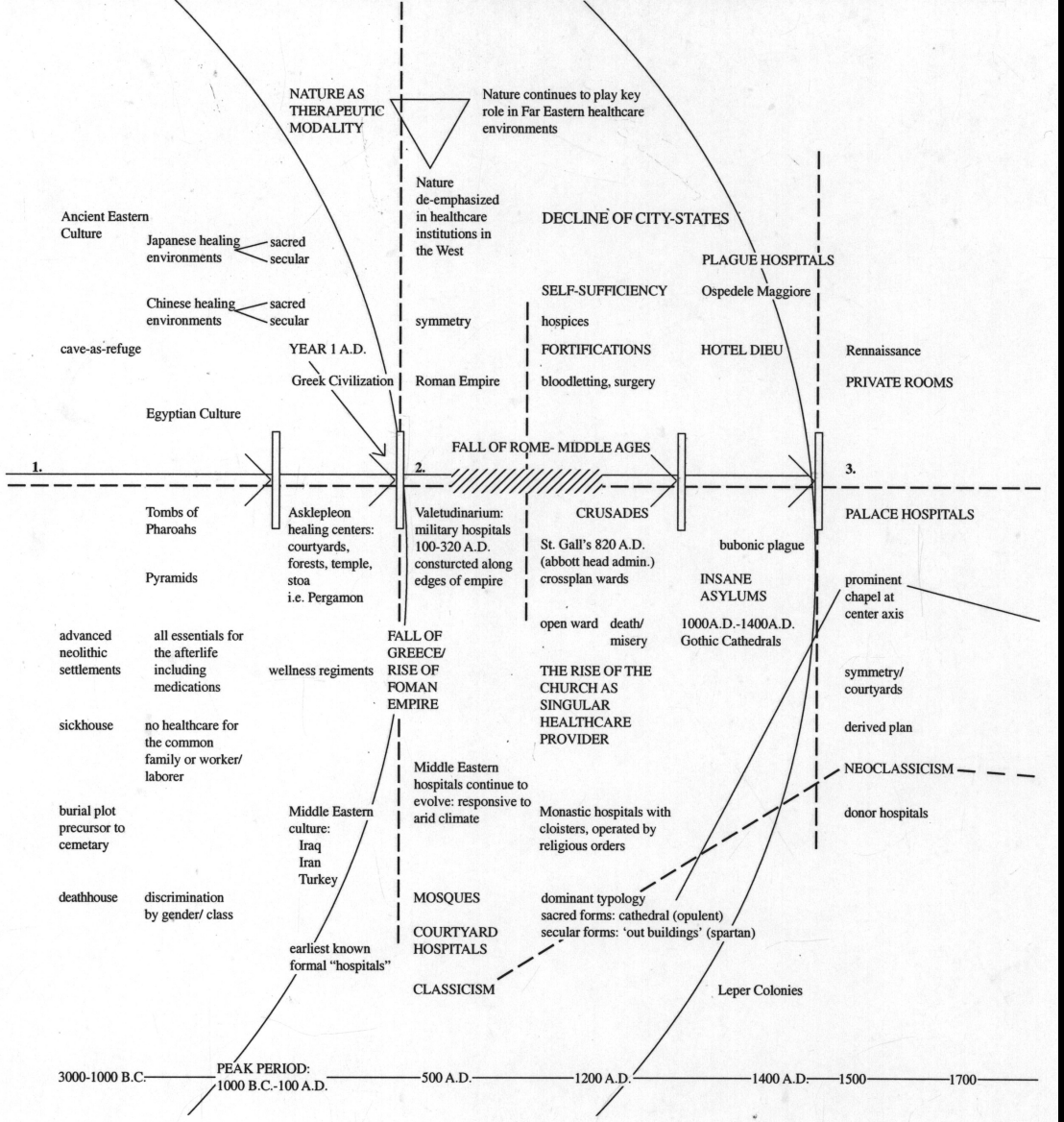


Figure 1a: Chronology of Healthcare Architecture (Part I)

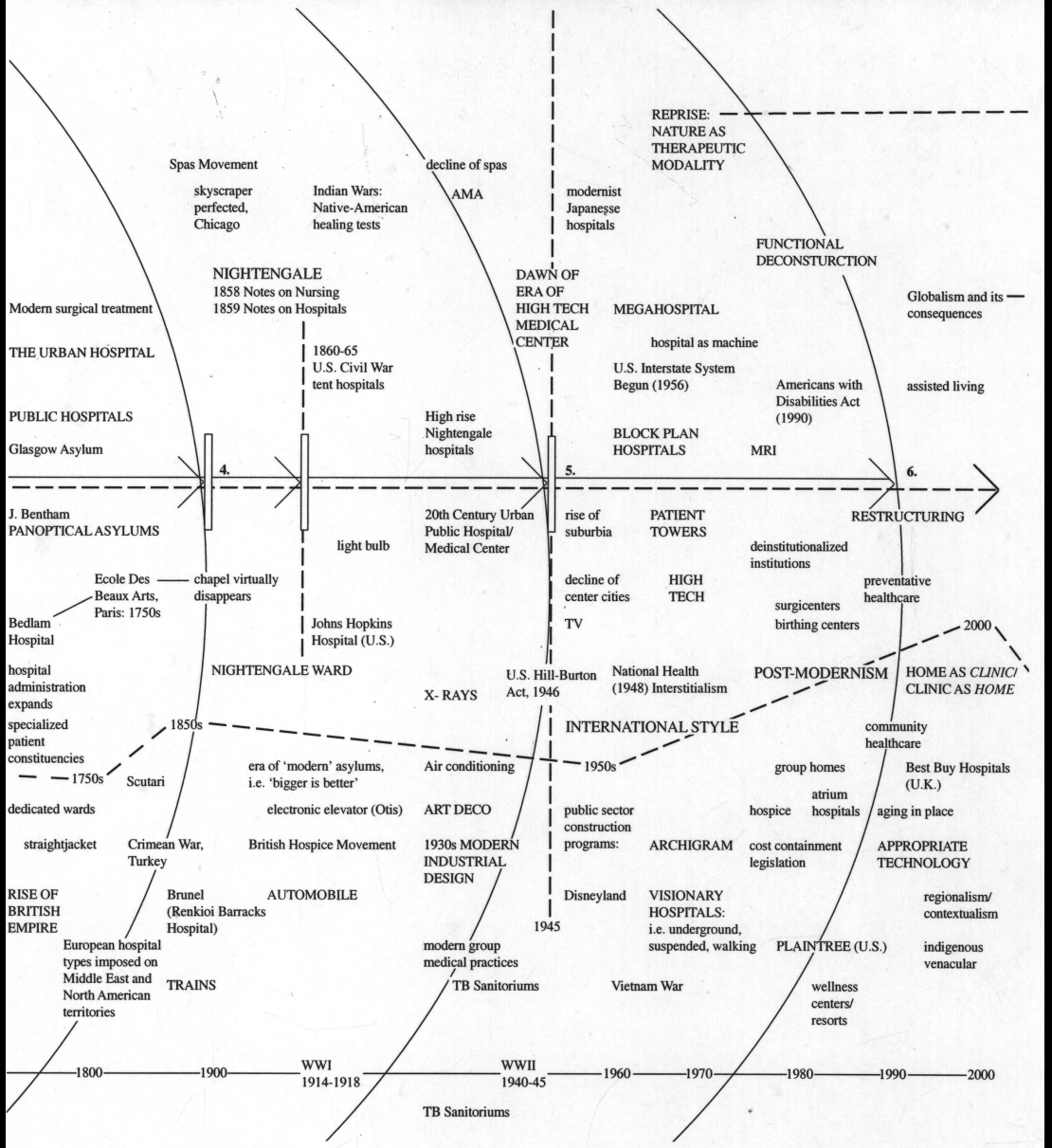


Figure 1b: Chronology (Part II)

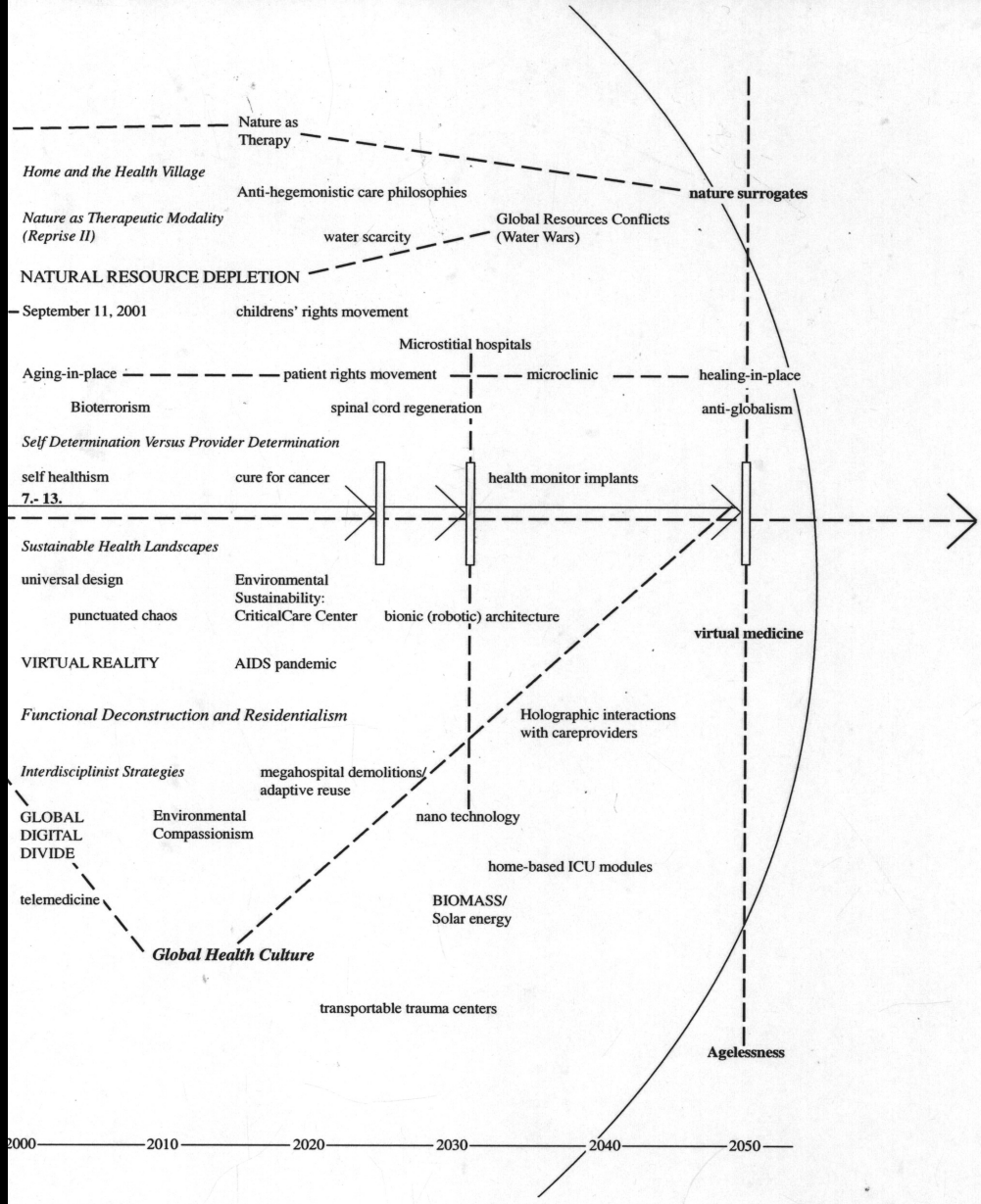
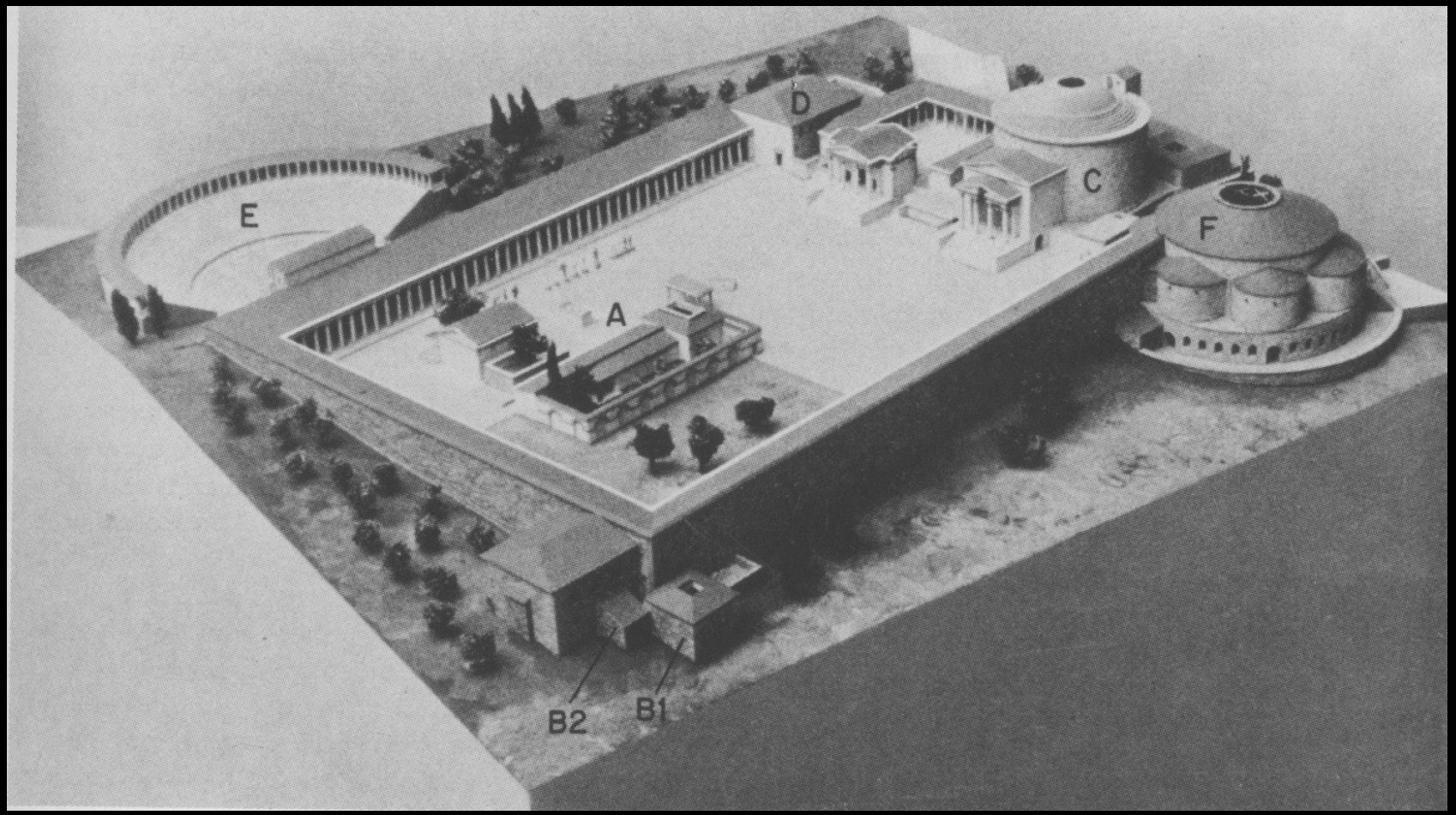


Figure 1c: 2050 Progostications- Healthcare Architecture (Part III)

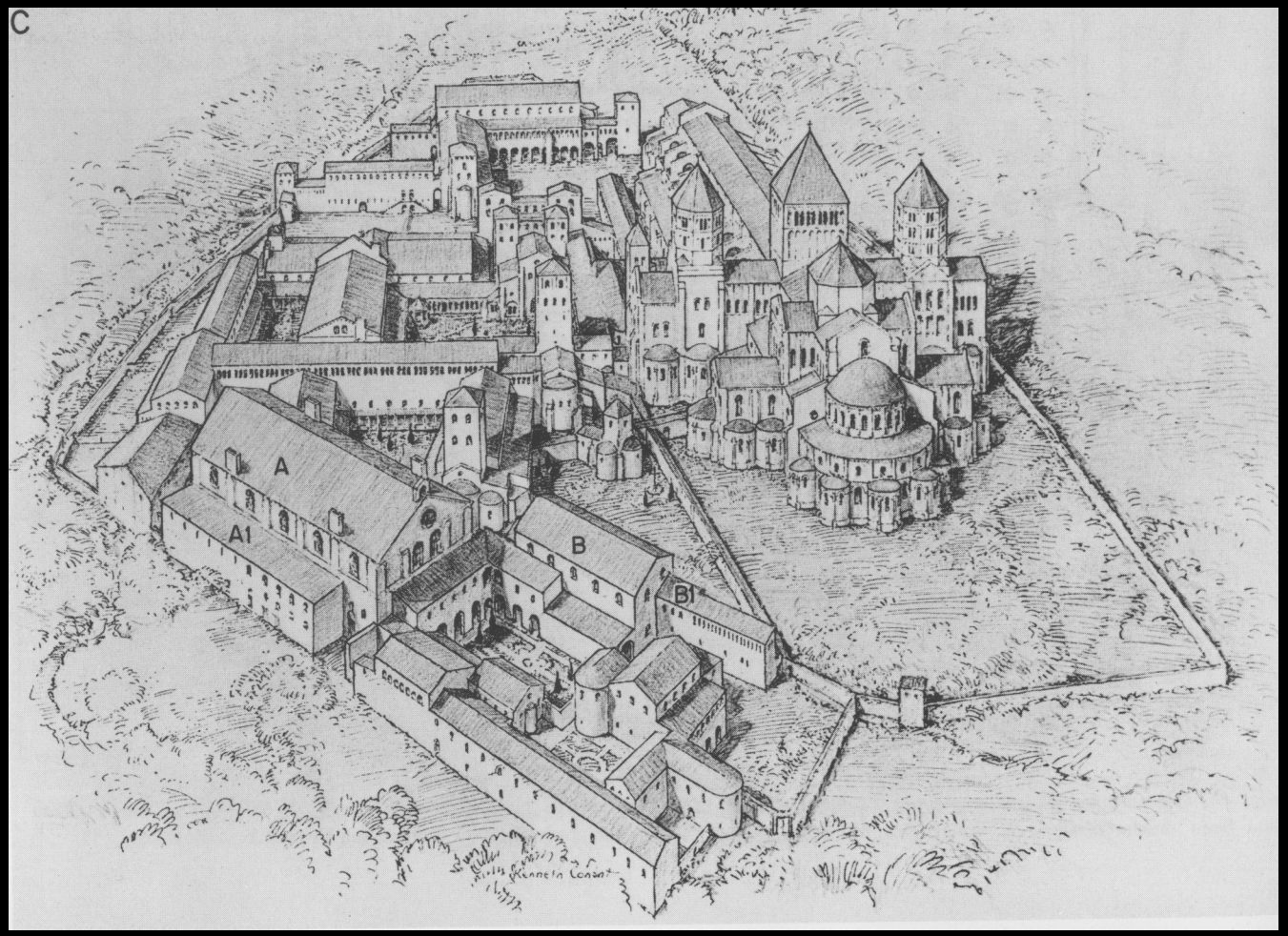
The Ancient Period

1. The city-state emerges as the provider of centers for sickness prevention and retreat, and for the patient’s communality with the natural environment. Early hospitals in the Middle East and in Asian urban centers are advanced in comparison to their European counterparts.


D
C
E
F
A
B2
B1

The Medieval Period

2. In Europe, Christian religious orders provide care through networks of monastic hospitals based on cross-ward plans, and the separation of sacred from secular facilities. Precursors to the modern medical center campus evolve. Middle Eastern medical centers continue to be more advanced than their European counterparts during this period.


C
A
A1
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B1

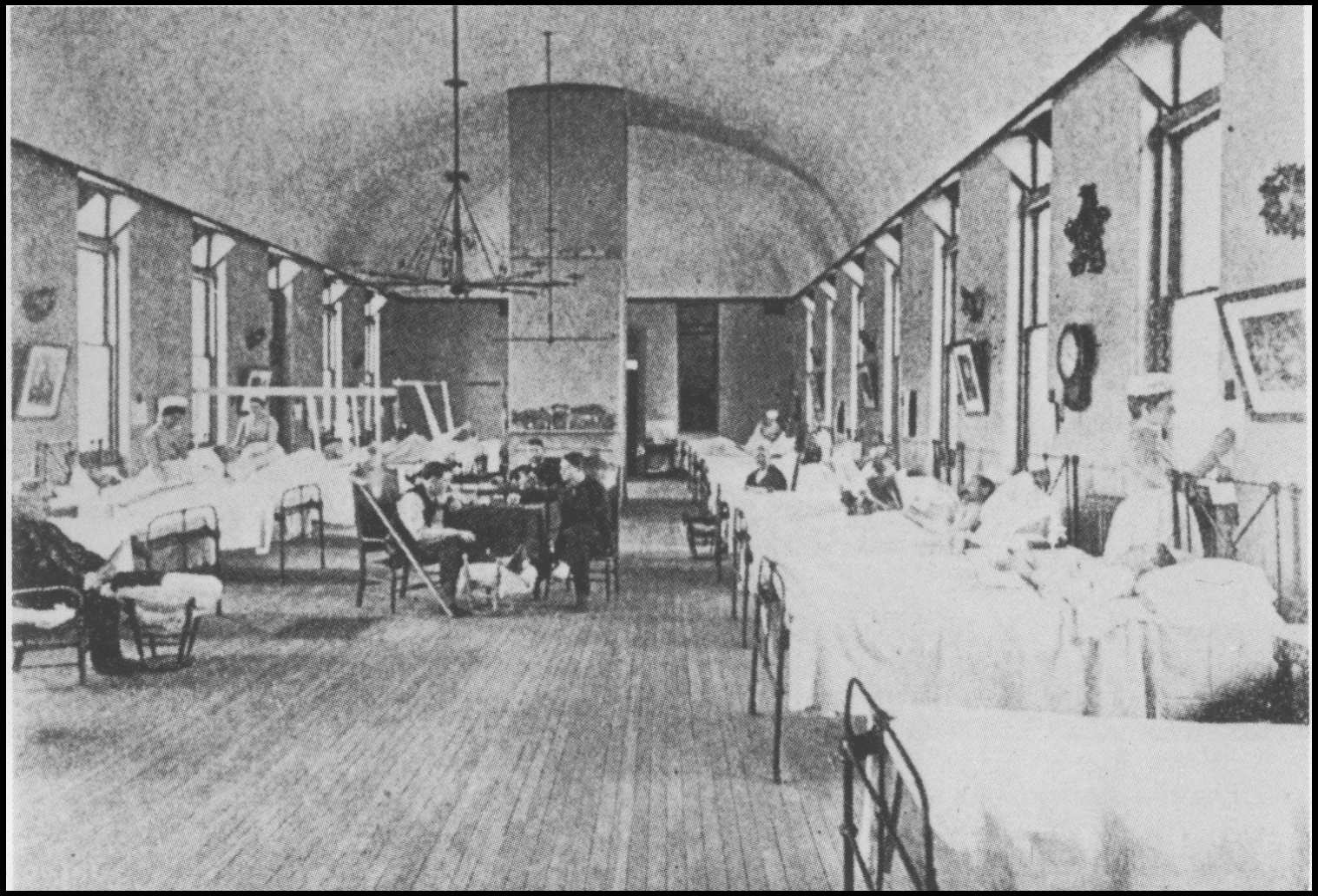
The Renaissance

3. Hospitals are now designed and built principally to emulate palaces of the period. The public hospital emerged as the successor to the donor hospital, i.e., a hospital donated as an act of charity by a wealthy philanthropist or private benefactor. The advent of humanism which places “man” (human) at the center with attendant interest in the workings of the human body. Scientifically based medical education and practice proliferates during this period.


A PROSPECT OF THE HOSPITALL CALLED BEDLAM FOR THE RELEIFE AND CURE OF PERSONS DISTRACTED WAS BEGUN IN APRILL 1675 AND FINISHED IN JULY 1676
NEW BEDLAM IN MORE FIELDS
Printed Coloured and Sold by Robert Greene at the Rose and Crown in Budge row

The Nightingale Period

4. The modern transposition of effective medical and nursing principles into architectural form occurs beginning with the work of Florence Nightingale. The Nightingale ward, and later, adaptations of Nightingale principles to the “skyscraper” hospitals occur internationally.

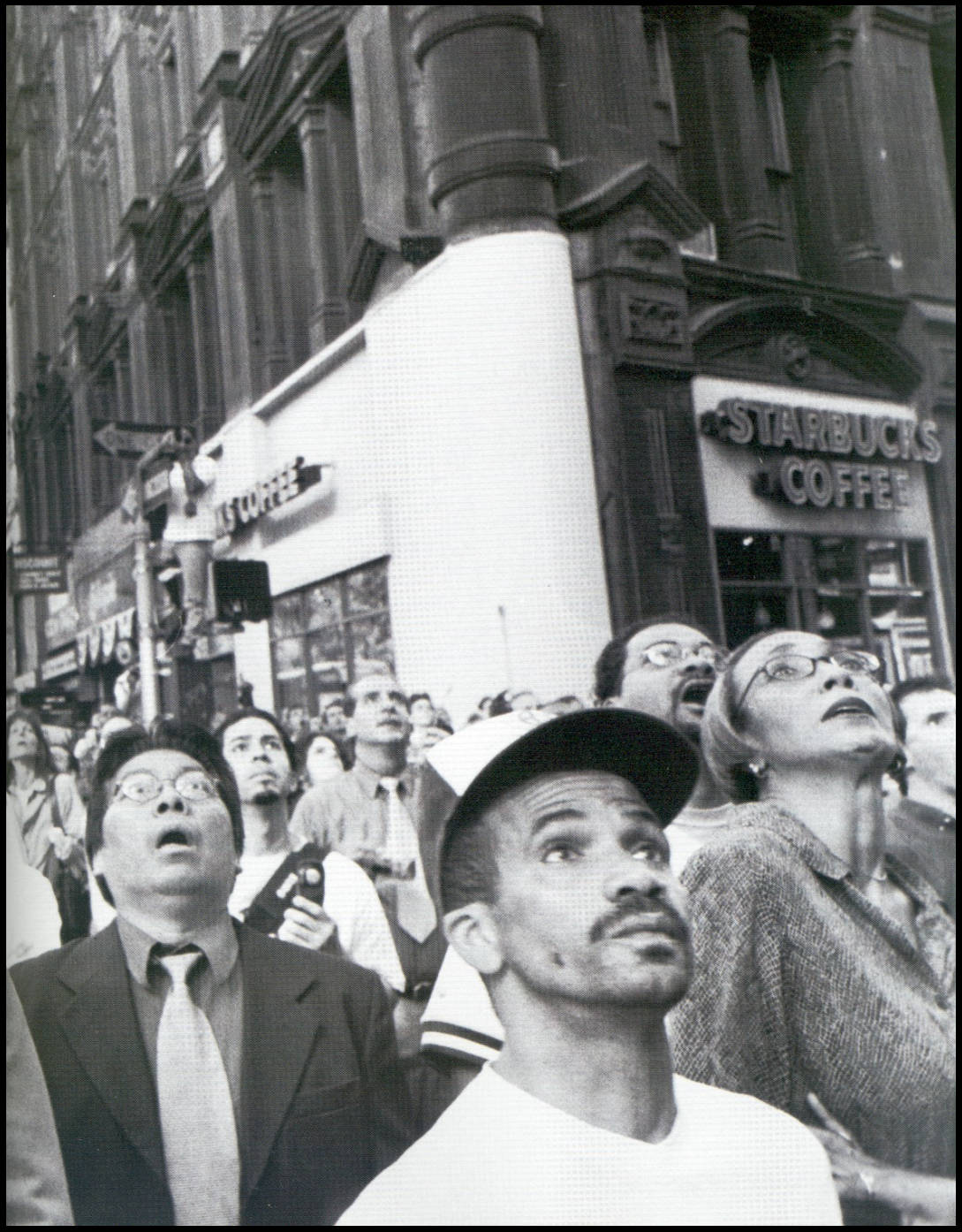


Era of the Modernist Megahospital

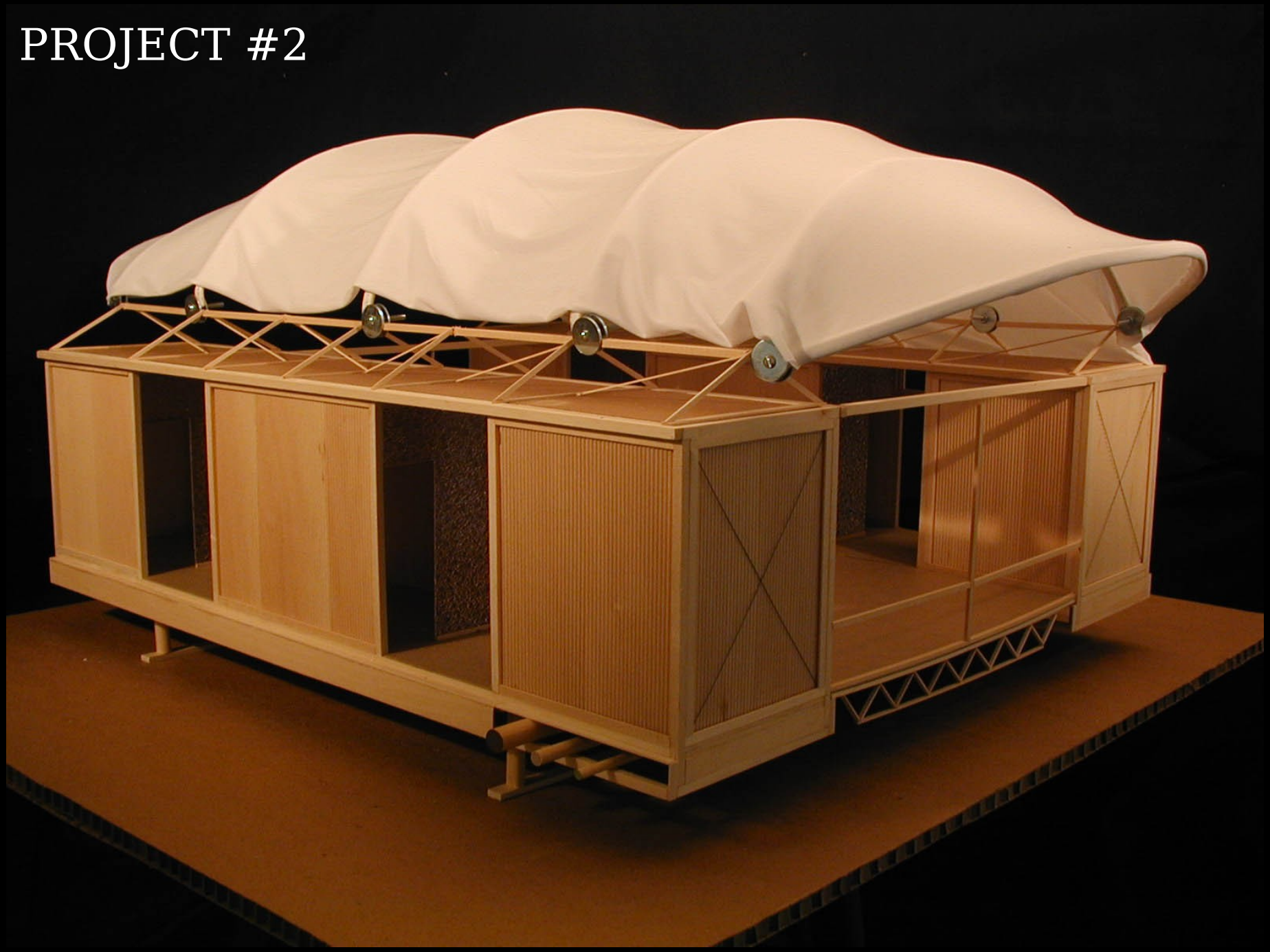
5. The International Style dominates the hospital as a building type. The movement to incorporate advanced building technologies results in the interstitial hospital movement and the unabated expansion of the modern medical center. Health planning emerges as a distinct profession. Health-based political bureaucracies emerge in countries around the globe. The regional teaching hospital evolves in recognition of the need to allow for internal flexibility and external extension in a highly complex, dynamic organism.

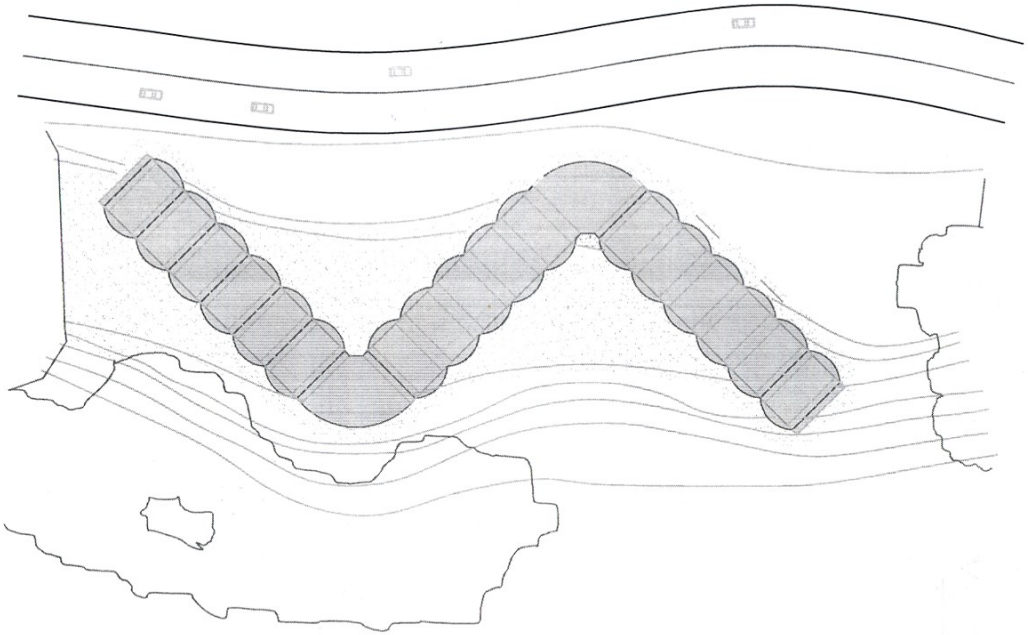
The Virtual Healthscape and Architecture

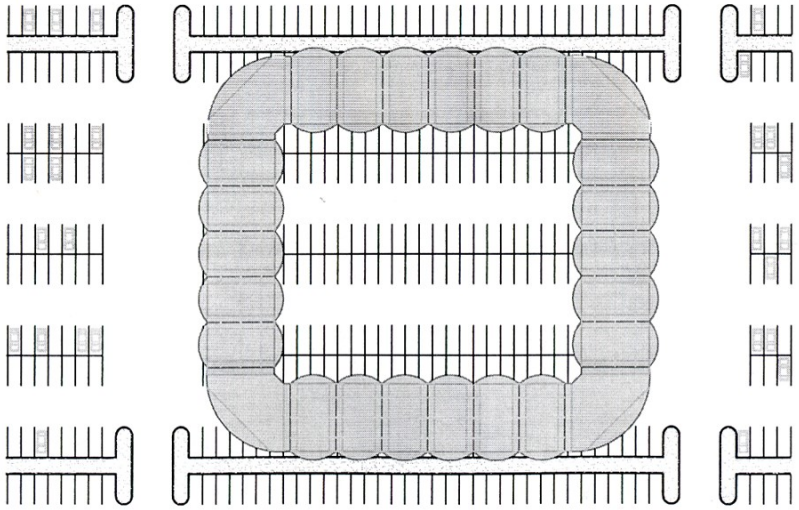
6. The downsizing and redeployment of healthcare services expresses a pattern of functional deconstruction within the postmodern hospital. A hub (mothership) and spoke (clinic) system of care delivery widely disperses care to an increasing number of small-scale facilities in community outpatient settings. Accordingly, smaller concentrations of beds for inpatient care are required in acute care hospitals. Increasingly, the hospital is a last resort and reflects the failure of primary and secondary care systems to prevent illness and disease., caring only for the sickest of the sick. Information technology an the Internet emerge, providing assistance in the promotion of sickness prevention. A digital divide persists globally, as does the inequitable distribution of services. Healthless versus healthful societies emerge, in the extreme. Health promotion, sickness prevention education, and self-empowerment occurs, inhibited by a global discrepancy between high tech versus low tech societies and conflicting priorities between private and

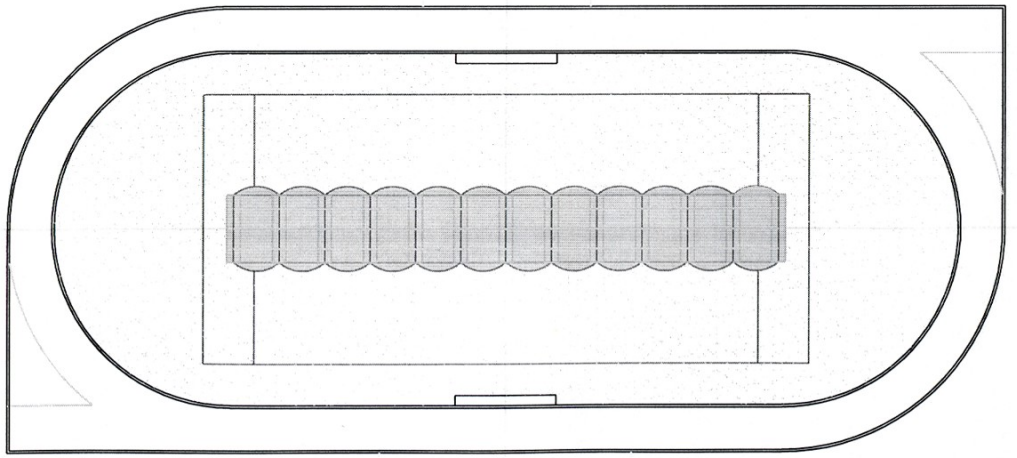

STARBUCKS
COFFEE

PROJECT #2

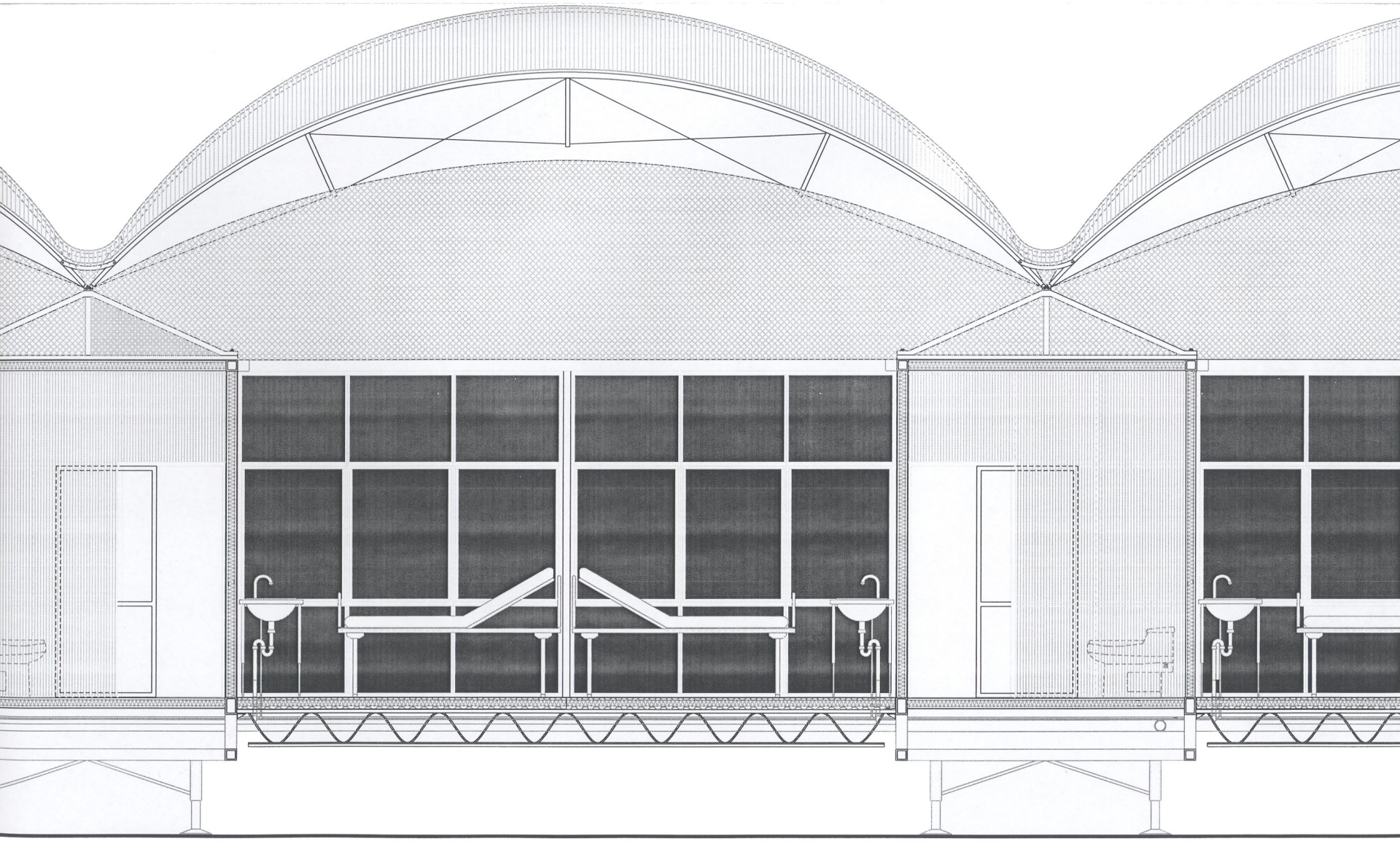






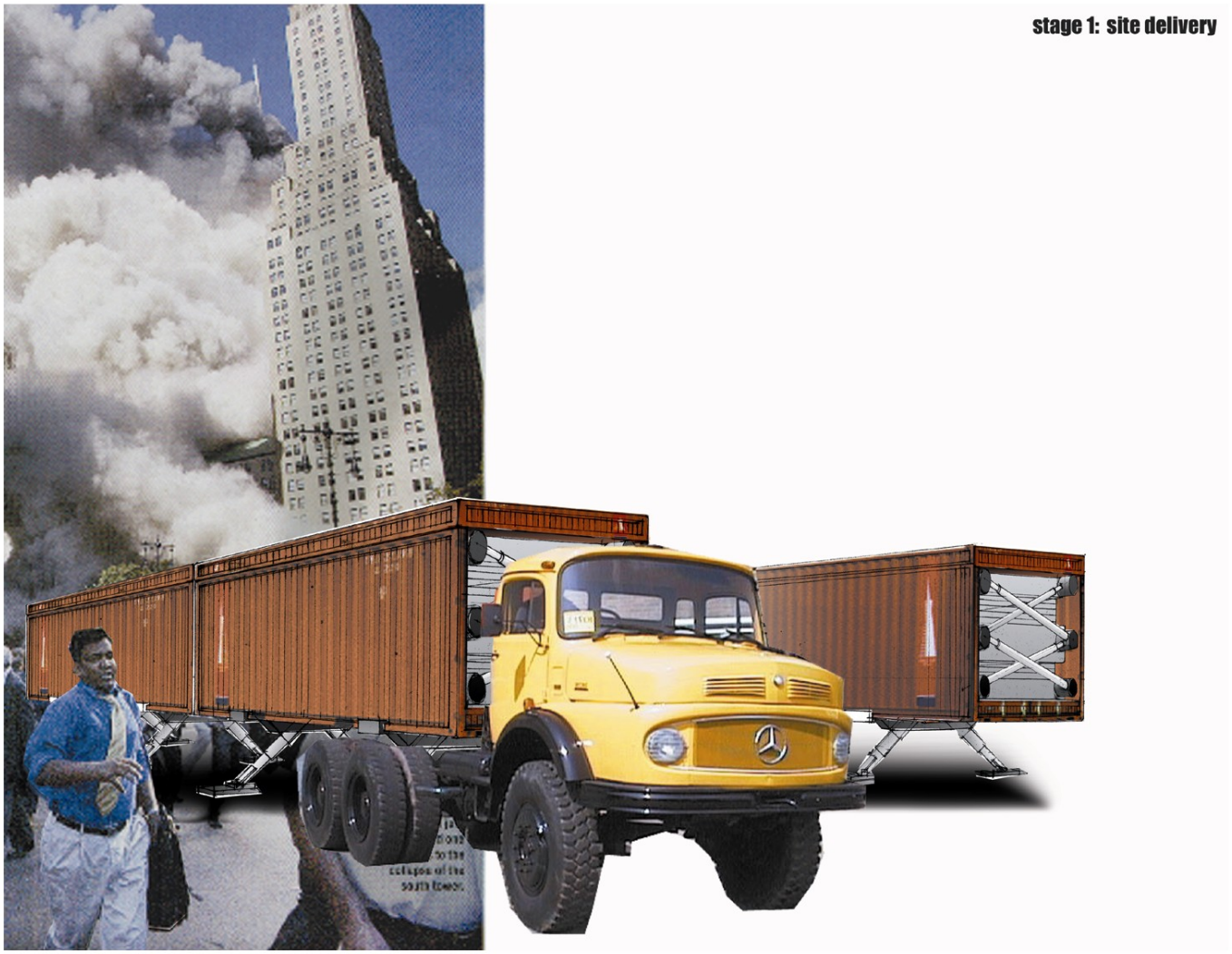


Site Conditions

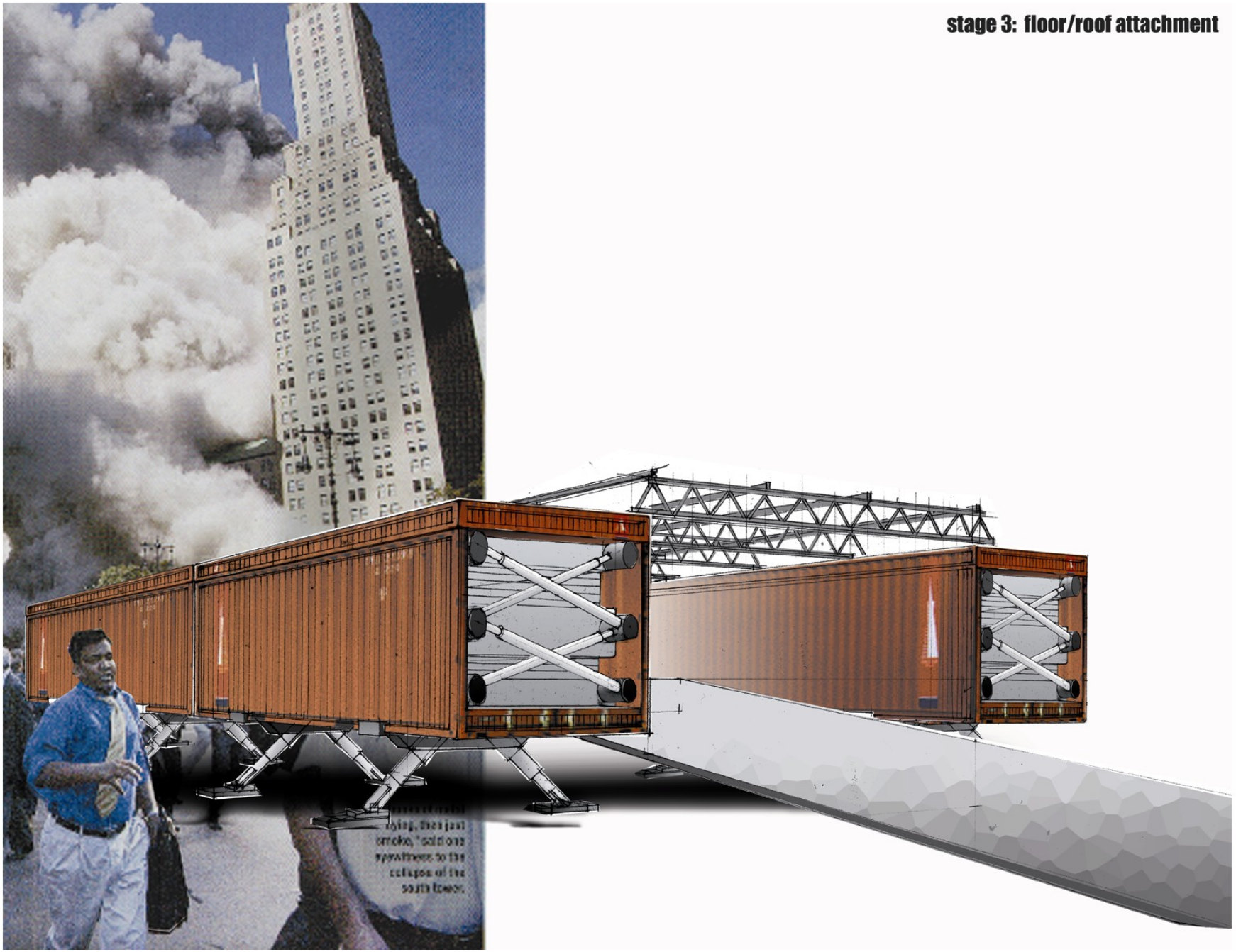


Module Transverse Section

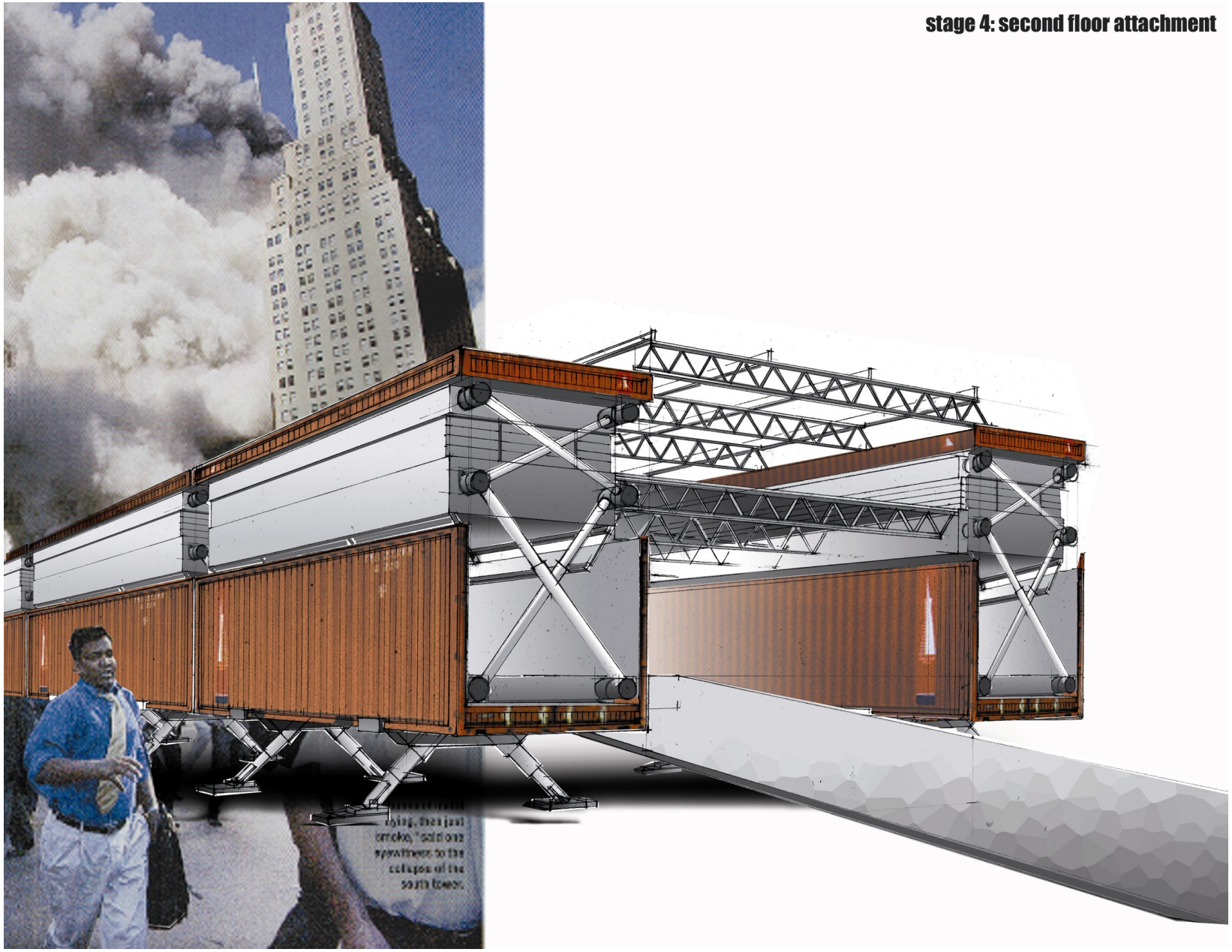
PROJECT #4



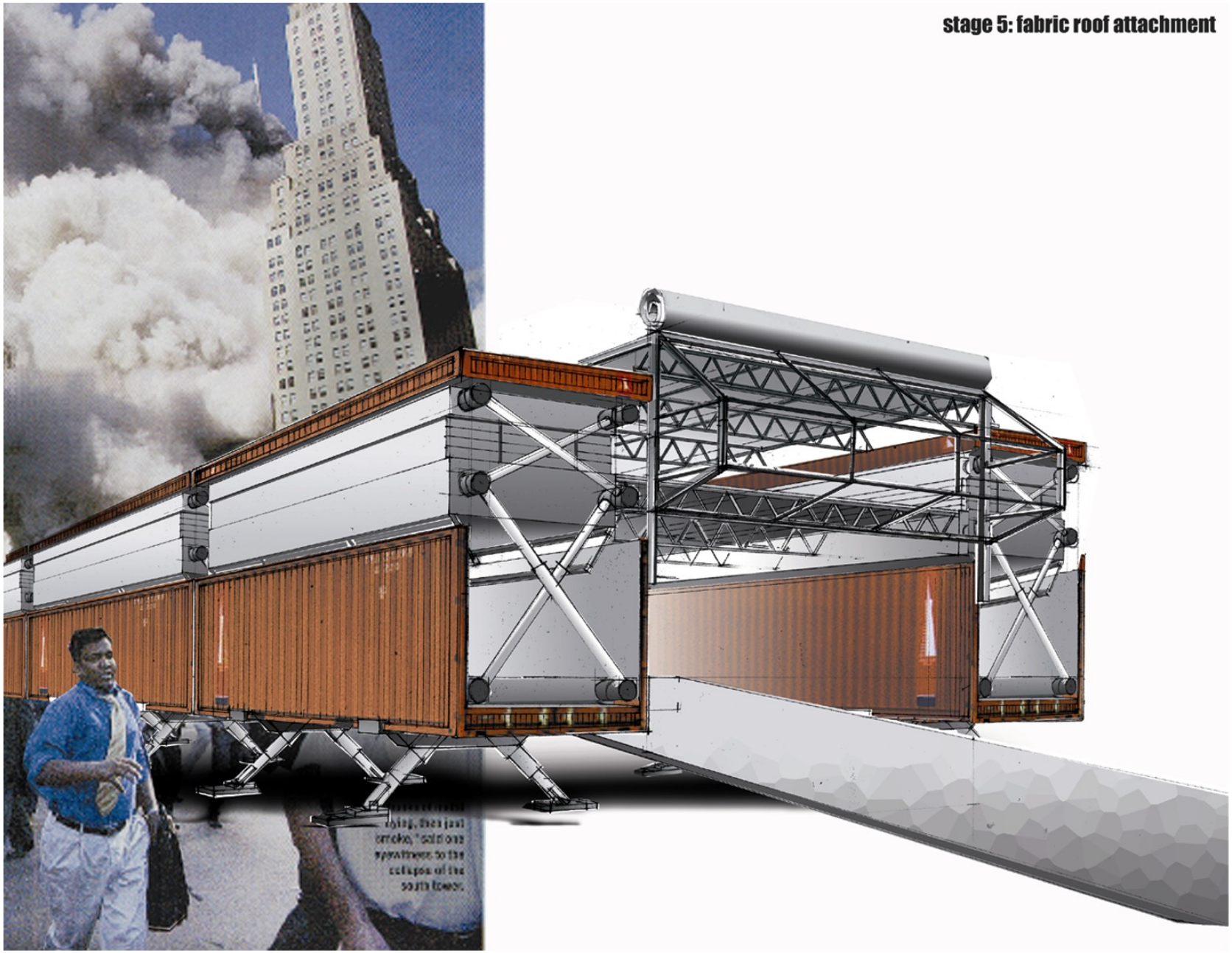
stage 3: floor/roof attachment



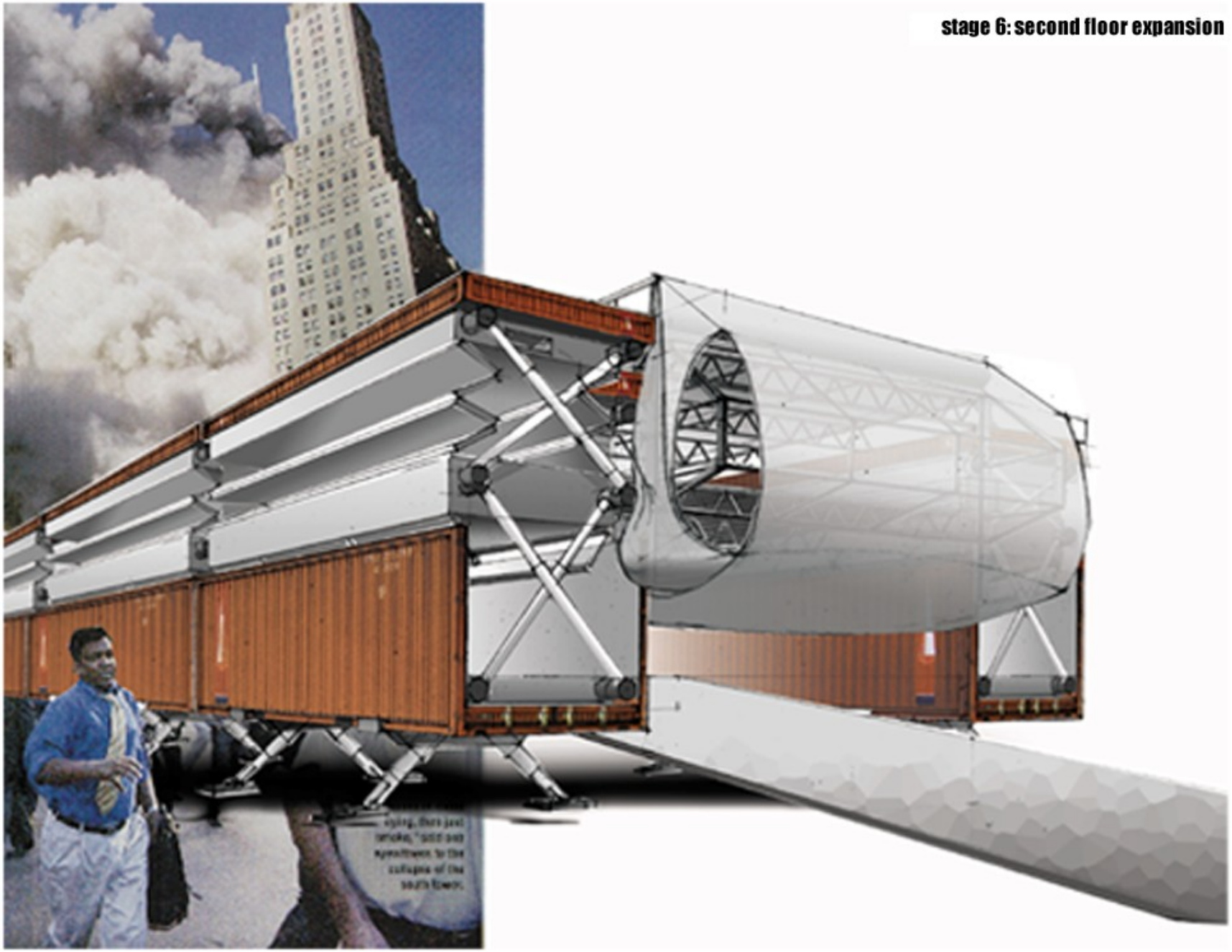
stage 4: second floor attachment



stage 5: fabric roof attachment



stage 6: second floor expansion



stage 7: full extension/tension

stage 9: attachment

7. By 2050, for those fortunate enough to have one, the home, not the hospital, will be the center of one's healthcare "universe" supplemented by anyplace where one has online access to health information.

8. The physical space at present separating the individual from contact with the natural environment will gradually disappear. Buildings for health will increasingly express anthropomorphic forms and anti-machine imagery.

9. The digital divide will continue to separate the haves from the have-nots in the global healthcare landscape.

10. Healthcare organizations will be forced to become better citizens to sustain and enhance human life without promoting environmental degradation. The functional deconstruction of hospitals and allied institutions will continue to occur and new uses for vacant hospitals will be

11. Interdisciplinism between architecture and allied disciplines will be essential in the coming decades.

12. In wealthy countries, patients' rights movements will blossom by 2050. In poor societies patients will continue to struggle to attain event minimal control over their health conditions. Advanced health technologies, including nanotechnology, will have an uneven impact globally on human health and well being.

13. Greater diversity will be essential to the success of future research endeavors in architecture for health. This will require the broad participation of "end user" constituencies previously shut out of the planning an design process.